

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90095 021 ***150.00

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DOCUMENT # 829668

1. Corporation Name
AIRCLAIMS INC

Principal Place of Business

815 N. RED ROAD
STE. 204
MIAMI FL 33126
US

Mailing Address

815 N. RED ROAD
STE. 204
MIAMI FL 33126
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1973

4. FEI Number

52-0808636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

2. Principal Place of Business

21 7270 NW 12th St.

Suite, Apt. #, etc.

22 800

City & State

23 MIAMI, FLORIDA

Zip

24 33126

Country

25 USA

2a. Mailing Address

26 7270 NW 12th Street

Suite, Apt. #, etc.

27 800

City & State

28 MIAMI, FLORIDA

Zip

29 33126

Country

30 USA

9. Name and Address of Current Registered Agent

WEIL, LISA R.
815 NORTH RED ROAD
SUITE 204
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7270 NW 12th STREET

83

SUITE 800

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME HAMMOND GILES, DEREK
STREET ADDRESS CARDINAL POINT NEWALL RD
CITY-ST-ZIP HOUNSLOW, TW

TITLE ST ☐ DELETE

NAME WEIL, LISA
STREET ADDRESS 815 N REDROAD STE 204
CITY-ST-ZIP MIAMI FL

TITLE VICE PRESIDENT ☐ DELETE

NAME FORSYTH, KENNETH
STREET ADDRESS 7270 NW 12th STREET Suite 800
CITY-ST-ZIP MIAMI, FLORIDA 33126

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 7270 NW 12th STREET STE 204 800

2.4 CITY-ST-ZIP MIAMI, FLORIDA 33126

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99
Date

305-597-5666
Daytime Phone #

CR2E034 (11/98)